

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-2-05

2 Serial/Patent # 10/518,349

| | | | | |
|---------------------------------------|--|--|-----------------------|------------------|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> | Filing Fee Codes <u>1632</u> <u>1633</u> | | <u>12-17-04</u> | \$ <u>700.00</u> |
| | Amendment | | | \$ |
| | Extension of Time | | | \$ |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>700.00</u> | |
| | | 8 TO BE REFUNDED BY: | | |
| | | Treasury Check | | |
| <input checked="" type="checkbox"/> | Overpayment | | Credit Deposit A/C #: | |
| | Duplicate Payment | | <u>07-1392</u> | |
| 10 REASON: | | No Fee Due (Explanation): | | |
| | | <u>Application qualified for Special Fees.</u> | | |

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BAC

TITLE: _____

SIGNATURE: BAC

PHONE: _____

OFFICE: PCT

Adjustment Date: 06/03/2005 BCAMPBEL
12/27/2004 KAYPAGH 0322376 071392 10510349
03 FD 1632 500.00 03 FD 1633 225.00 03 FD 1633 225.00

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B